3 FAM 1810 FAMILY ADVOCACY PROGRAM (Child Abuse, Child Neglect and Domestic Violence)

(TL:PER-446; 06-26-2002)

3 FAM 1811 GENERAL PROVISIONS

3 FAM 1811.1 Purpose

- a. The purpose of the Department of State's Family Advocacy Program is to prevent and effectively respond to suspected abuse, child neglect, and domestic violence involving Department of State employees and all persons subject to chief of mission authority at posts abroad, including Foreign Service National (FSN) employees and other locally employed staff.
- b. Child abuse, child neglect, and domestic violence all harm the overall quality of life for employees and their spouses, children, and families stationed at posts abroad and, consequently, can affect diplomatic readiness. The Family Advocacy Program addresses child abuse, child neglect, and domestic violence through prevention, training, reporting, investigation, evaluation, intervention, coordination with prosecutors, and child protection agencies, treatment and rehabilitation.
- c. These regulations generally provide guidance and assign responsibility for coordinated handling of suspected cases of child abuse, child neglect, and domestic violence as defined herein. Additionally, these regulations specifically state the statutory reporting requirement for personnel in certain professions to report suspected child abuse as required under the Victims of Child Abuse Act of 1990, Public Law 101-467, codified at 42 U.S.C. section 13031.
- d. It is Department policy to treat suspected child abuse, child neglect and domestic violence in accordance with these regulations and to:
 - (1) Help victims when abuse occurs;
- (2) Provide assistance in the prosecution of criminal acts when they have been found to have occurred (child abuse, assault, and rape are crimes); and

- (3) Provide assistance to family members involved as appropriate in order to promote healthy family life of its employees and those subject to chief of mission authority.
- e. It is also the Department's policy that information pertaining to suspected child abuse, child neglect and domestic violence will be disclosed only on a need-to-know basis within the Department and with other federal and local agencies consistent with the Privacy Act.

3 FAM 1811.2 Applicability

- a. These regulations apply to the following:
- (1) All Department of State employees. For purposes of these regulations, persons under personal service contracts (PSCs) or personal service agreements (PSAs) with the Department of State are deemed to be employees of the Department of State; and
- (2) All other persons subject to the chief of mission authority at a post abroad (including, but not limited to, employees of the U. S. Government and their family members).
- b. Generally, locally employed staff at posts and missions abroad are employed consistent with local laws and regulations. With respect to these employees, these regulations should be interpreted and applied consistently with the applicable local laws and regulations.
- c. In addition, the procedures in cases involving locally employed staff will take into account the cultural and social norms in a particular country, as well as local authorities, mechanisms, and resources that may exist. Guidance should be sought from the Family Advocacy Committee in cases involving locally employed staff. The Committee will consult with HR/OE (Overseas Employment) when necessary in such cases.

3 FAM 1811.3 Authority

Employed Staff)

(TL:PER-446; 06-26-2002) (Uniform State/USAID/Commerce/USDA/and other participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally

This regulation is issued under the following statutory authorities:

- (1) Sections 206, 207 and 904 of the Foreign Service Act of 1980, as amended (22 U.S.C. sections 3926, 3927, 4084);
- (2) Section 226 of the Victims of Child Abuse Act of 1990 (42 U.S.C. section 13031);
 - (3) 22 U.S.C. section 4802, as amended;
 - (4) Executive Order 10450; and
 - (5) 28 CFR 81.1 et seq.

3 FAM 1811.4 Definitions

- a. **Child abuse** (as defined in the Victims of Child Abuse Act of 1990) means the physical or mental injury, sexual abuse or exploitation, or negligent treatment of a child:
- (1) Physical injury includes but is not limited to lacerations, fractured bones, burns, internal injuries, severe bruising or serious bodily harm;
- (2) **Mental injury** means harm to a child's psychological or intellectual functioning which may be exhibited by severe anxiety, depression, withdrawal or outward aggressive behavior, or a combination of those behaviors, which may be demonstrated by a change in behavior, emotional response or cognition;
- (3) **Sexual abuse** includes the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist another person to engage in, sexually explicit conduct or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children;
 - (4) **Sexually explicit conduct** means actual or simulated:

- (a) **Sexual intercourse** including sexual contact in the manner of genital-genital, oral-genital, anal-genital, or oral-anal contact, whether between persons of the same or opposite sex; **sexual contact** means the intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person with an intent to abuse, humiliate, harass, degrade, or arouse or gratify sexual desire of any person;
 - (b) Bestiality;
 - (c) Masturbation;
 - (d) Lascivious exhibition of the genitals or pubic area of a person or animal; or
 - (e) Sadistic or masochistic abuse;
 - (5) **Exploitation** means child pornography or child prostitution;
- (6) **Negligent treatment**—means the failure to provide for reasons other than poverty, adequate food, clothing, shelter or medical care so as to seriously endanger the physical health of the child;
- (7) **Child abuse** does not include discipline administered by a parent or legal guardian to his or her child provided it is reasonable in manner and moderate in degree and otherwise does not constitute cruelty.
- b. **Child Neglect** is the negligent treatment of a child that does not rise to the level of abuse defined above in 3 FAM 1811.4 (a) by a person who is responsible for the child's welfare (parent, guardian or custodian). Such negligent treatment includes but is not limited to the following:
- (1) The failure to provide for the proper education of a child as required by U.S. law or local law in the case of locally employed staff;
- (2) The failure to provide for subsistence, care, or control necessary for a child's physical, mental, developmental, or emotional health; or
- (3) The failure to supervise a child adequately (such as a child who is habitually truant from school without justification, or who is habitually disobedient of reasonable and lawful commands of his or her parents, guardian, or other custodian, or who is engaging in the permissive use of alcohol or drugs and such actions are endangering the child's welfare or disrupting the post community).
 - c. Child means a person under the age of 18 years; and
- d. **Domestic Violence** is any acts or threats of violence against a victim (other than a child) that results or threatens to result in physical or mental injury to the victim that is committed by a:

- (1) Spouse or former spouse of the victim;
- (2) Person with whom the victim shares a child in common;
- (3) Person who is co-habitating with or has co-habitated with the victim;
- (4) Person residing in the household; or
- (5) Any person who has a relationship with the victim and has access to the victim's household.

3 FAM 1812 RESPONSIBILITIES

3 FAM 1812.1 General

(TL:PER-446; 06-26-2002) (Uniform State/USAID/Commerce/USDA/and other participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

The Department employs a multi-disciplinary team approach in child abuse, child neglect and/or domestic violence cases. Multi-disciplinary in this context refers strictly to the combination of disciplines (investigative, medical and legal) to respond to these cases. Responsibilities are team-oriented both at Department Headquarters (to include Office of Medical Director (MED); Diplomatic Security (DS) and Office of Legal Adviser (L)) and at post (to typically include the deputy chief of mission (DCM), regional security officer (RSO) and the foreign service medical officer (FSMO). The purpose of the multi-disciplinary team approach is to:

- (1) Promote the most effective and comprehensive response available in suspected cases of abuse or neglect;
- (2) Minimize the number of interviews to which a child or other victim is subjected;
 - (3) Provide needed services to a child or other victim; and
 - (4) Monitor the child's or victim's safety and well being.

3 FAM 1812.2 Within the Department

3 FAM 1812.2-1 Office of Medical Services (M/DGHR/MED)

(TL:PER-446; 06-26-2002) (Uniform State/USAID/Commerce/USDA/and other participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

The Office of Medical Services is responsible to:

- (1) Coordinate consultations with DS and posts abroad on suspected abuse, neglect, and domestic violence cases;
- (2) Provide medical and mental health evaluations and medical advice, and makes referrals to other professionals, as necessary;
 - (3) Authorize medical evacuations, when necessary;
 - (4) Maintain a family advocacy case file records system;
 - (6) Participate in training programs about the Family Advocacy Program; and
 - (7) Make medical clearance determinations.

3 FAM 1812.2-2 Bureau of Human Resources (M/DGHR)

(TL:PER-446; 06-26-2002)
Uniform State/USAID/Commerce/USDA/and other participating Agencies)
(Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

The Bureau of Human Resources is responsible to:

- (1) Provide appropriate training for chiefs of mission, deputy chiefs of mission, and principal officers about responsibilities under the Victims of Child Abuse Act of 1990, the requirements of these regulations, and their responsibilities for ensuring that suspected child abuse, child neglect and domestic violence cases are reported and handled in accordance with these regulations; and
- (2) Take appropriate disciplinary action when necessary in accordance with 3 FAM 4320.

3 FAM 1812.2-3 Bureau of Diplomatic Security (DS)

(TL:PER-446; 06-26-2002)

Uniform State/USAID/Commerce/USDA/and other participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

The Bureau of Diplomatic Security is responsible to:

- (1) Receive reports of suspected child abuse from posts and from Department of State employees;
- (2) Conduct investigations of reports of suspected child abuse at posts abroad, and, when necessary, in cases of domestic violence and child neglect;
 - (3) Confer with U.S. Attorney's Office on cases involving possible prosecution;
 - (4) Conduct investigations relating to suitability for employment; and
- (5) Provide training to regional security officers and assistant regional security officers on family advocacy related matters.

3 FAM 1812.2-4 Family Advocacy Committee

(TL:PER-446; 06-26-2002)

- a. The Family Advocacy Committee, at Department Headquarters is a multidisciplinary team composed of representatives from M/DGHR/MED/MH, DS (including the Criminal Investigative Liaison Branch (DS/DSS/CIL), the Professional Responsibility Branch (DS/DSS/PR)), and the Office of Legal Adviser (L).
 - b. The Family Advocacy Committee is responsible to:
- (1) Discuss reported information received from posts on family advocacy cases;
- (2) Coordinate appropriate guidance to posts through their respective counterparts, (i.e., M/DGHR/MED to FSMO, DS to RSO); and
- (3) Oversee the provision of needed services to the child, spouse or other family member victim(s) and monitor the safety and well being of the child and/or victim throughout the time that the case is open.

3 FAM 1812.3 At Post

3 FAM 1812.3-1 Chief of Mission (COM) or Principal Officer

(TL:PER-446; 06-26-2002)

(Uniform State/USAID/Commerce/USDA/and other participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

The chief of mission or principal officer at each post is responsible to:

- (1) Ensure that procedures established by these regulations are followed and that persons who are assigned at the post comply with the Victims of Child Abuse Act of 1990; and
- (2) Designate a family advocacy officer (FAO), at post, normally the deputy chief of mission (DCM), or the second in command at posts where there is no DCM.

3 FAM 1812.3-2 Family Advocacy Officer (FAO)

(TL:PER-446; 06-26-2002) (Uniform State/USAID/Commerce/USDA/and other participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

The family advocacy officer (FAO) is responsible to:

- (1) Lead the Family Advocacy Team at post;
- (2) Coordinate all post action with the cognizant regional security officer (RSO) and the Foreign Service medical officer (FSMO) and makes sure that initial suspected child abuse reports and appropriate follow-up reports are timely submitted to DS and MED; and
- (3) Receive and act upon reports of suspected child neglect and domestic violence.

3 FAM 1812.3-3 Foreign Service Medical Officer (FSMO)

(TL:PER-446; 06-26-2002) (Uniform State/USAID/Commerce/USDA/and other participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

a. The Foreign Service medical officer (FSMO) may be the regional medical officer (RMO), regional medical officer psychiatrist (RMO/P), Foreign Service

health practitioner (FSHP) (either a nurse practitioner or physician's assistant), or a contract physician or nurse. FSMOs are required by law to report suspected child abuse of which they have knowledge. FSMOs are responsible to:

- Make such reports to the RSO;
- (2) Inform the Office of Medical Services, Mental Health Services (MED/MH) and provide a detailed written report to MED/MH via secure email or facsimile with all relevant medical information as soon as possible (normally within 24 hours);
 - (3) Report child neglect and domestic violence to the FAO at post;
- (4) Provide treatment to those in need of immediate medical or psychiatric care;
- (5) Assist MED or DS, as necessary in obtaining information pertaining to any suspected case of abuse, neglect, or domestic violence; and
- (6) Assist in the assessment of suspected cases of child abuse, child neglect or domestic violence.

3 FAM 1812.3-4 Regional Security Officer (RSO)

(TL:PER-446; 06-26-2002)
Uniform State/USAID/Commerce/USDA/and other participating Agencies)
(Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

The regional security officer (RSO) is a Federal law enforcement official. All reporting of suspected child abuse at post as mandated by the Victims of Child Abuse Act of 1990 is made to the cognizant RSO. The RSO is responsible to:

- (1) Make the required initial telephonic report followed by a detailed written report to DS/CIL and DS/PR as soon as possible (normally within 24 hours);
- (2) Ensure that the FAO and the FSMO are informed promptly of all cases of suspected child abuse;
- (3) Conduct or coordinate any investigative activities of cases of child abuse based upon instructions provided by DS, except in exigent circumstances; and
 - (4) Investigate child neglect and domestic violence cases.

3 FAM 1812.3-5 Family Advocacy Team

(TL:PER-446; 06-26-2002)

Uniform State/USAID/Commerce/USDA/and other participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

The family advocacy team at post is composed of the FAO, FSMO(s) and the RSO. Other persons may be included on the family advocacy team on a case-by-case basis at the discretion of the FAO, following consultation with the other members of the team. The Family Advocacy Team at post is responsible to:

- (1) Promptly meet after any initial report of suspected child abuse, child neglect, or domestic violence to address safety issues;
- (2) Coordinate actions, and ensure that all necessary reporting and information is provided to the Department;
- (3) Continue to monitor the child's or victim's safety and well being throughout the investigative process at post; and
- (4) In coordination with the Family Advocacy Committee in Washington, assist in the provision of needed services for the child and/or victim.

3 FAM 1813 GENERAL PROCEDURES IN CASES OF CHILD ABUSE

3 FAM 1813.1 Persons Required to Report Child Abuse

- a. Under the Victims of Child Abuse Act of 1990, any individual who, while engaged on Federal land or in a federally operated or contracted facility in one of the professional capacities listed below, learns of facts that give reason to suspect that a child has suffered an incident of child abuse is required to report the suspected child abuse as soon as possible to the RSO or to DS. The professional capacities include:
 - (1) All health care personnel, including physicians and nurses;
 - (2) Psychologists, psychiatrists, and other mental health professionals;
 - (3) Social workers and counselors:

- (4) Teachers, teachers' aides and other school professionals;
- (5) Child care workers and administrators;
- (6) Law enforcement personnel;
- (7) Foster parents; or
- (8) Commercial film and photo processors.
- b. At U.S. embassies, consulates and any other Department of State facilities abroad, individuals in various positions are covered under one of the categories listed above and are required to report suspected child abused. These positions are:
 - (1) RMO;
 - (2) RMO/P;
 - (3) FSNP (both nurse practitioners and physicians' assistants);
 - (4) Contract physicians and contract nurses;
 - (5) RSO and assistant regional security officer (ARSO);
 - (6) Community liaison officer (CLO);
 - (7) Legal attaché (LEGATT); and
- (8) Other law enforcement officers assigned to post (including those from the Drug Enforcement Administration (DEA), Bureau of Arms, Tobacco and Firearms (ATF), Customs, Secret Service, or Immigration and Naturalization Service (INS).
- c. Any other individual, performing in any of the listed professional capacities, on Federal land or in a federally operated or contracted facility, whether at the Department of State in the United States or at a post abroad, also must report suspected child abuse to the RSO or DS as provided 3 FAM 1813.2.
- d. Covered individuals (as described in paragraphs (a) through (c) above) at post must report suspected child abuse while working in their professional capacity on Federal land or in a federally operated and contracted facility, regardless of whether the suspected child abuse occurred at the post or another post abroad, or in the United States.
- e. Covered individuals are to report any suspected child abuse without making the determination themselves whether child abuse has in fact occurred.

- f. Failure to timely report suspected child abuse under the Victims of Child Abuse Act is a criminal violation of Federal law (Class B misdemeanor under 18 U.S.C. 2258) and may subject an employee to possible criminal prosecution and/or disciplinary action.
- g. Good faith reporting of suspected child abuse is immune from civil and criminal liability under the Victims of Child Abuse Act of 1990.

3 FAM 1813.2 Procedures for Reporting Child Abuse

3 FAM 1813.2-1 At Post

- a. **Informing DS**–Covered individuals at post who are required by law to report suspected child abuse or other persons who have knowledge of suspected child abuse must make such reports to the RSO at post.
- (1) If there is no resident RSO at post, the PSO or FAO will advise the cognizant RSO by secure means immediately. In no case shall a person report suspected child abuse to the alleged perpetrator. Thus, in the situation where the report would be made to the individual who is the alleged perpetrator, then the report should be made to his or her supervisor or directly to DS.
- (2) Posts (the RSO, or in certain circumstances, the FAO) must make initial reports of child abuse allegations telephonically to DS, via secure lines when possible, immediately following receipt of information. Within 24 hours of the initial telephonic contact, the RSO must provide an initial telegraphic report to DS via DS Exclusive Channel message. The names of the victim(s) and alleged perpetrator(s) should not be reported in cable traffic unless otherwise requested by DS. All reporting should be done in such a manner to ensure the utmost confidentiality of all persons involved. The reporting format that should be used is found at 12 FAH-4 H 452.6-7. As much detailed information as possible should be included in the initial telephonic and telegraphic reports to DS. Reporting, however, should not be delayed due to the unavailability of full details. Supplemental reports must be submitted as additional information becomes available. Posts will not be deemed to have fully complied with the Victims of Child Abuse Act until DS has received written notification of the allegations.

- b. **Informing the FAO**–An RSO or PSO who receives a report of suspected child abuse also will immediately inform the FAO at the post where the abuse was alleged to have occurred if either the alleged perpetrator or the alleged victim is still at the post where the incident was reported. The FAO will be responsible for informing the COM or principal officer of the allegations of child abuse on a need-to-know basis, unless the COM or principal officer is the alleged perpetrator. The FAO coordinates the initial meeting of the Family Advocacy Team at post ensuring that the matter is handled using a team approach.
- (c) **Coordinating with the FSMO**–An RSO who receives a report of suspected child abuse also will inform the FSMO. The FSMO also shall provide any and all relevant medical information pertaining to the suspected child abuse to MED also within 24 hours of the initial telephonic report.

3 FAM 1813.2-2 In the United States

(TL:PER-446; 06-26-2002) (Uniform State/USAID/Commerce/USDA/and participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

Reports of suspected child abuse are required to be made by covered individuals at the Department of State in the United States. They are to be made to DS/CIL and DS/PR in Washington, DC.

3 FAM 1813.2-3 Confidentiality of Reported Information

(TL:PER-446; 06-26-2002) (Uniform State/USAID/Commerce/USDA/and participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

Reported information will be disclosed only on a need-to-know basis within the Department and with other Federal and local agencies consistent with the Privacy Act. M/DGHR/MED and DS will share the telephonic and telegraphic reports and other information with each other and with L/EMP as a part of the Family Advocacy Committee process under 3 FAM 1813.4.

3 FAM 1813.3 Investigation of Allegations of Child Abuse and Post Action Pending Investigation

- a. **Case-by-Case Basis**—Each suspected case of abuse is different and will be handled on a case-by-case basis depending upon the nature of the allegations, post resources, and other agency involvement.
- b. **Evaluating Immediate Health and/or Safety**–At post, the FAO, in consultation with the Family Advocacy Team, must immediately assess the child's immediate medical and physical safety needs. The FSMO should provide for medical treatment, if necessary. The FAO, in consultation with the FSMO and RSO, must determine whether it is safe for the child to return to the home and whether there is risk of further harm, and where such risks exist, coordinate a plan (including alternative housing arrangements) to address these safety concerns. The FAO then must advise the Family Advocacy Committee of the health and safety situation at post.
- c. **DS Investigation**—If the alleged abuse occurred at a post abroad, DS will initiate a formal investigation promptly. DS will coordinate all aspects of the formal investigation through the RSO or ARSO in order to minimize the number of interviews and interviewers to which the child is subjected and in order to avoid the risk of suggestibility in the interview process tainting a potential criminal prosecution. Accordingly, neither the victim(s), suspect(s) nor the family of the victim(s) should be subjected to a formal interview or interrogation regarding the allegations of child abuse by any persons at post unless DS clears such action in advance. During any formal interview, the suspect will be informed of the right of the suspect to have a representative of his or her choice present during the interview. The failure of an employee to cooperate may impact on an employee's continued eligibility for a security clearance, a medical clearance, or result in disciplinary action.
- d. **Curtailment and/or Medical Evacuation**—An alleged victim of child abuse, his or her family and the alleged perpetrator should not be curtailed or medically evacuated from post prior to coordination with the Family Advocacy Committee, and prior approval of DS and MED. An uncoordinated or premature removal could place the victim at greater risk and jeopardize the criminal investigation.
- e. In the United States-If DS receives a report of suspected child abuse that is occurring or has occurred in the United States, DS will inform the cognizant law enforcement authorities.

f. **Other Agencies**—If the alleged perpetrator is an employee of another federal agency, or a family member of such an employee, DS will inform the appropriate entity within that agency, which may assume responsibility for investigating the allegations of abuse.

3 FAM 1813.4 Family Advocacy Committee Procedures in Cases of Suspected Child Abuse

- a. The Family Advocacy Committee receives reports of suspected child abuse, and with those reports and further input from post, provides guidance to the Family Advocacy Team at post. Following receipt of child abuse allegations or information, DS, in consultation with the other members of the Family Advocacy Committee, will coordinate the investigation and appropriate courses of action. For cases involving personnel of other agencies, DS will coordinate with that agency.
- b. When necessary, DS may dispatch an investigative team to post, which may include criminal investigators and forensic interviewers to conduct the investigation. From the onset of any investigation, DS may coordinate with the cognizant U.S. Attorneys' Office, which may be involved in the prosecution of the case. MED may offer and authorize medical evaluations in order to provide for specialized medical or forensic examinations in the United States or other authorized locations.
- c. In the course of a DS investigation of suspected child abuse, DS will be permitted access to personnel records and medical records, to the extent permitted by the Privacy Act, 5 U.S.C. section 552a, and the Department's regulations there under.
- d. At the conclusion of the DS investigation of suspected child abuse, the Family Advocacy Committee will continue to consider and coordinate responses to medical, mental health, and other issues which will best serve the needs of the victim(s) and the family of the victim(s) and work closely with the family advocacy team at post.
- e. During the course of, or following the conclusion of, the investigation of a suspected case of child abuse, the Family Advocacy Committee may recommend medical evacuation of persons covered by the Department's medical program (see 3 FAM 1900) or may consult with post about curtailment (see 3 FAM 2440). These actions will be handled in accordance with procedures outlined in relevant portions of the Foreign Affairs Manual (FAM) for medical evacuation, medical clearances, and curtailment.

- f. Where appropriate, the Family Advocacy Committee may recommend that host country's treatment and counseling resources be utilized. The Family Advocacy Committee, in consultation with the post, and, where appropriate, HR, will recommend the most appropriate course of action based upon the circumstances of each case.
- g. In cases where an employee has violated criminal laws, whether in the United States or abroad, the employee will be subject to possible disciplinary action or separation. (See 3 FAM 4139.8.) An employee otherwise may be subject to discipline in accordance with the applicable 3 FAM regulations.
- h. If DS, with the concurrence of the Family Advocacy Committee, determines that reported allegations are unsubstantiated and have no factual basis, the matter will be closed and the files will be annotated. Ultimately, the Family Advocacy Committee determines the disposition of a case at Department Headquarters which will allow more consistency in the handling of cases.

3 FAM 1814 CHILD NEGLECT

3 FAM 1814.1 Reporting Child Neglect

- a. The Department considers child neglect defined in 3 FAM 1811.4(b) to be notoriously disgraceful conduct (see 3 FAM 4139.14) and it is grounds for taking disciplinary action against an employee. Any supervisor or other management official who is aware of incidents or allegations which may serve as grounds for disciplinary action against an employee is responsible for taking action on or reporting such incidents or allegations. (See 3 FAM 4322.1.)
- b. At post, any person who suspects child neglect should report such information to the FAO at post. The FAO will take the actions required by this section.
- c. At the Department, any person who suspects child neglect should report such information to DS/CIL and DS/PR.

3 FAM 1814.2 Post Action and Department Guidance

- a. Upon receiving a report or otherwise obtaining information pertaining to a suspected case of child neglect, the FAO should immediately consult with the Family Advocacy Team at post. The Family Advocacy Team must immediately assess and address any health and safety concerns for the child or children. Where necessary, medical and/or mental health examinations and/or consultations for persons covered by the Department's medical program are to be scheduled promptly with the FSMO.
- b. A member of the Family Advocacy Team must immediately thereafter contact DS/CIL and DS/PR telephonically and provide an initial written report containing available information. DS will share such information with the Family Advocacy Committee.
- c. The Family Advocacy Committee will assess the information and provide subsequent guidance to post. Each case of suspected child neglect will be handled on a case-by-case basis, depending upon the nature of the allegations. If the initial report is unsubstantiated or if the allegations do not constitute child neglect, no further action will be required, the matter will be closed and the files will be so annotated.
- d. If the initial report is substantiated, action may include one or more the following:
 - (1) DS may dispatch an investigative team to post;
 - (2) Post may be asked to do follow-up inquiries and interviews;
 - (3) Post may be asked to call upon local child protection resources;
- (4) The FSMO may be asked to determine whether counseling or other medical services are needed and to recommend a treatment plan. If required treatment is not available at post, medical evacuation and/or curtailment of the employee may be considered or ordered; and/or
 - (5) Referral may be made to HR for disciplinary action.

3 FAM 1815 DOMESTIC VIOLENCE

3 FAM 1815.1 Reporting Domestic Violence

(TL:PER-446; 06-26-2002)

(Uniform State/USAID/Commerce/USDA/and other participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

- a. Domestic violence can often involve criminal conduct (assault, battery, rape) and is considered by the Department to be notoriously disgraceful conduct (see 3 FAM 4139.14). As such, it is grounds for taking disciplinary action against an employee. Any supervisor or other management official, who is aware of incidents or allegations which may serve as grounds for disciplinary action against an employee is responsible for taking action on or reporting such incidents or allegations. (See 3 FAM 4322.1.)
- b. At post, any person who suspects an employee is involved in domestic violence should report such information to the FAO at post. The FAO will take the actions required by this section.
- c. At the Department headquarters, any person who suspects an employee is involved in domestic violence should report such information to DS/CIL and DS/PR.

3 FAM 1815.2 Post Action and Department Guidance

(TL:PER-446; 06-26-2002)

- a. Upon receiving a report or otherwise obtaining information pertaining to a suspected case of domestic violence, the FAO should immediately consult with the Family Advocacy Team at post. The Family Advocacy Team must immediately assess and address any health and safety concerns for the victim, and the victim's children, if any. Where necessary, medical and/or mental health examinations and/or consultations for persons covered by the Department's medical program are to be scheduled promptly with the FSMO. Prompt and accurate recording of medical information, interviews and, when possible, the collection of physical evidence and photographs documenting physical injuries is critical in all cases.
- b. A member of the Family Advocacy Team must immediately thereafter contact DS/CIL and DS/PR telephonically and provide an initial written report containing available information. DS will share such information with the Family Advocacy Committee.

- c. The Family Advocacy Committee will assess the information and provide guidance to post. Each case of suspected domestic violence will be handled on a case-by-case basis depending upon the nature of the allegations. If the initial report is unsubstantiated or if the allegations do not constitute domestic violence, no further action will be required, the matter will be closed, and the files will be so annotated.
- d. If the initial report is substantiated, action may include one or more of the following:
 - (1) Post may call upon local authorities or resources in certain cases;
- (2) DS may dispatch an investigative team to post, and a criminal investigation may be undertaken;
- (3) DS may coordinate with the cognizant legal authorities about prosecution of the case:
 - (4) Post may be asked to conduct follow-up inquiries and interviews:
- (5) Post may be asked to call upon shelter and child protection resources or find alternative shelter within the post community for the victim and any children;
- (6) The FSMO may be asked to determine whether counseling or other medical services are needed and to recommend a treatment plan; if required treatment is not available at post, medical evacuation or curtailment of the employee may be considered or ordered;
- (7) The Family Advocacy Committee may coordinate referrals to crime victim assistance programs specializing in domestic violence and crime victim compensation programs; and
 - (8) DS may refer information to HR for disciplinary action.

3 FAM 1816 RECORDS IN CHILD ABUSE, CHILD NEGLECT AND DOMESTIC VIOLENCE CASES

3 FAM 1816.1 Maintenance of Records

(TL:PER-446; 06-26-2002) (Uniform State/USAID/Commerce/USDA/and other participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

a. At Department Headquarters:

- (1) A Family Advocacy Case File is created by M/DGHR/MED when it learns of any instance of alleged or suspected child abuse, child neglect or domestic violence involving any person covered by these regulations, whether occurring in the United States or at a post abroad. M/DGHR/MED maintains this file separately from the medical records of the persons involved, except that records about medical and/or psychiatric/mental health examinations and other medical information relevant to future medical treatment of a person involved is also placed into the person's medical record. Records maintained in the Family Advocacy Case File are not included in any electronic medical records system maintained by M/DGHR/MED. These records are maintained and destroyed in accordance with established record disposition schedules; and
- (2) DS maintains records for each case of reported child abuse as law enforcement records pursuant to its established procedures for maintaining law enforcement records. In some cases, DS also may maintain records for reported cases of child neglect and domestic violence as law enforcement records pursuant to its established procedures for maintaining law enforcement records. These records are maintained and destroyed in accordance with established record disposition schedules.

b. At post:

- (1) The FAO is responsible for creating a Post Family Advocacy Case File for each case of alleged or suspected child abuse, child neglect, or domestic violence arising at post. Such files are held at post in a separate record system that is colocated with post-medical records except when required for use by the FAO.
- (2) Post forwards copies of all information in Post Family Advocacy Case Files to M/DGHR/MED for inclusion in the subject's or victim's Family Advocacy Case File; and
- (3) The Post Family Advocacy Case File is maintained while the persons involved remain at post and upon their departure is forwarded to M/DGHR/MED.

3 FAM 1816.2 Disclosure of Records

(TL: PER-446; 06-26-2002) (Uniform State/USAID/Commerce/USDA/and other participating Agencies) (Applies to All Civil Service Employees, Foreign Service Employees, and Locally Employed Staff)

a. Records in Family Advocacy Case Files are subject to the protection of the Privacy Act and the Department's regulations there under. Improper disclosure of information contained in a Family Advocacy Case File may be grounds for disciplinary action in accordance with 3 FAM 4300 (Foreign Service) or 3 FAM 4500 (Civil Service).

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- b. Disclosure of records from the Family Advocacy Case Files may be made to the following:
- (1) Other federal Government agencies as deemed necessary in the best interest of the child or other victim or the family and subject to the Privacy Act and the Department's regulations there under; and
- (2) Medical professionals to whom referrals are being made for evaluation and diagnostic assessments with the individual having signed written authorization.

3 FAM 1817 THROUGH 1819 UNASSIGNED